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\*\* CONTINUING DATA \*\*\*\*\* None A-H

\*\* FOREIGN APPLICATIONS \*\*\*\*\* None A-H

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

\*\* 04/20/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY TX	SHEETS DRAWING 3	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>[Signature]</i> Initials <i>AH</i>				

## ADDRESS

35525

## TITLE

Method and apparatus for transforming systems management native event formats to enable correlation

<b>FILING FEE RECEIVED</b> 874	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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